



## CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) Tony Last Name: (PRINT CLEARLY) Bowles  
Cellular Number: 786 290 1908 Office/Home Number: \_\_\_\_\_  
EMAIL Address: xpedbhtonya@yahoo.com  
Comments: Re Roof

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans \_\_\_\_\_

### PLEASE INDICATE IF PLANS ARE

- ☐ GOV'T PROJECT/ DEPT \_\_\_\_\_ ☐ GREEN BLDG (NEW CONSTRUCTION ONLY)\* ☐ PACE PROJECT\*  
☐ AFFORDABLE/ WORKFORCE HOUSING\* ☐ ECONOMIC SIGNIFICANCE\*

(\*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

### REQUESTED REVIEWS

- |  |                                      |                               |                               |                               |                               |
|--|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL   | <input type="checkbox"/> BLDG        | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP  | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input checked="" type="checkbox"/> ROOF   | <input type="checkbox"/> SIGN        | <input type="checkbox"/> STRU | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK <input type="checkbox"/> OPTIONAL PLAN REVIEW |                                      |                               |                               |                               |                               |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU      |                                      |                               |                               |                               |                               |

### -FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 8/31/16 Clerk Name: Bnt Arrival Time: 11:38am  
Process No(s): 1 C2016176655

Miami Dade County Department of Regulatory and Economic Resources - Job Copy

0001119253 - 9/2/2016 9:11:44 AM

contact 083116.pdf

☐ Re-Issue

☐ Plan Revision

☐ Rework

☐ Shop Drawing

**MIAMI-DADE COUNTY**  
**DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES**  
<http://www.miamidade.gov/building/home.asp>  
9/2/2016 9:11:44 AM

Tracking #	Process #	Permit #
0001119253	C2016176655	2016064892

**THIS COPY OF PLANS MUST BE AVAILABLE ON BUILDING SITE OR AN INSPECTION WILL NOT BE MADE.**

Review	Disposition	Reviewer	Date
ROOF	A	Boris Sursky	9/1/2016 11:31:34 AM

**Disclaimer.**

Subject to compliance with all Federal, State, and County Laws, rules and regulations. Miami-Dade County assumes no responsibility for accuracy of or results of these plans.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to the property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

Stamp Name	Trade	Disposition	Stamp Description
Approved	ROOF	A	Approved





# Miami-Dade County HVHZ Electronic Roof Permit Form Commercial Reroofing Statement for Existing Buildings

"Delivering Excellence Every Day"

Contractor Name: EXCLUSIVE ROOFING  
 Process Number:                       
 Job Address: 11795 NW 27th Ave.

**The following applicable statements, for low slope roof systems only, are required to be completed when applying for commercial reroofing permit applications.**

Is there insulation in the existing roof system? Yes ☐ No ☐

If yes, then I attest that the insulation to be installed in the proposed roofing system shall have the same thickness and R-Value as the existing insulation. *Note: Structures built after March 15, 1979 must comply with the Florida Energy Code.*

☐ Architect ☐ P.E. ☐ Roofing Contractor License Number:                     

Signature:                                      (required)

☒ No Change

I attest that the proposed roofing system is an exact replacement of the existing roofing system. I also attest that existing overflow drains and/or scuppers are sized so that no more than 5" of water will accumulate on any portion of this roof, should the primary drainage system be blocked. 1616.3 FBC

☐ Architect ☐ P.E. ☒ Roofing Contractor License Number: CCC1330992

Signature:                                      (required)

☐ Change to the roofing system

Roofing permit applications in other than Group R-3 occupancy, involving a change in the roofing system and recovery applications must include signed and sealed calculations for the supporting structure, and a statement as follows.

**"Miami-Dade County Department of Structural Engineering hereby approves the existing roof structure with regard to the proposed roofing system and hereby approve the installation as proposed."**

☐ Architect ☐ P.E. License Number:                     

Signature:                      Date Time Stamp                      Dep. Trade Stamp Name                      (required)

Boaz Smoky 9/1/2016 11:31:05 AM A ROOF Approved

Permit Records Section	
Scanned by:	<u>BC</u>
Date:	<u>8/31/16</u>





Florida Department of  
Environmental Protection  
Division of Air Resource Management

Department of Regulatory and Economic Resources  
Environmental Resources Management  
701 NW 1st Court, 2nd Floor  
Miami, Florida 33136-3912  
T: 305-372-6925 Fax: 305-372-6954  
miamidade.gov

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY) : ☒ ORIGINAL ☐ REVISED ☐ CANCELLATION ☐ COURTESY  
TYPE OF PROJECT (CHECK ONE ONLY) : ☐ DEMOLITION ☐ RENOVATION ☒ ROOFING

IF DEMOLITION, IS IT AN ORDERED DEMOLITION?

☐ YES ☒ NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION?

☐ YES ☒ NO

IS IT A PLANNED RENOVATION OPERATION?

☐ YES ☒ NO

File # \_\_\_\_\_

Process # \_\_\_\_\_

I. Facility Name Models / Pamela Watson  
Address 1195 NW 27 Ave  
City Miami State FL Zip 33167 County \_\_\_\_\_

Site \_\_\_\_\_ Consultant/Inspecting Site \_\_\_\_\_  
Building Size 800 (Square Feet) # of Floors 1 Building Age in Years 50

Prior Use: ☐ School/College/University ☐ Residence ☒ Small Business Other \_\_\_\_\_

Present Use: ☐ School/College/University ☐ Residence ☒ Small Business Other \_\_\_\_\_

II. Facility Owner Models / Pamela Watson Phone \_\_\_\_\_  
Address 1195 NW 27 Ave

City Miami State FL Zip 33167

III. Contractor's Name XLUSIVE REMOVAL Phone 954-309-4525  
Address 1811 SW 91 Ave

City Miami State FL Zip 33105

Is the contractor exempt from licensure under section 469.002(4), F.S.? ☐ YES ☐ NO

IV. Scheduled Dates: (Notice must be posted 10 working days before the project start date)  
Asbestos Removal (mm/dd/yy) Start: 9/9/16 Finish: 9/15/16 Demo/Renovation (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. \_\_\_\_\_

Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down

OTHER: \_\_\_\_\_

VI. Procedures for Unexpected RACM: STOP WORK! NOTIFY DEPT.

VII. Asbestos Waste Transporter: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VIII. Waste Disposal Site: Name Medley Landfill

Address 9350 NW 89 Ave

City Medley State FL Zip 33178

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Assume Positive

Amount of RACM or ACM\*

\_\_\_\_\_ square feet surfacing material

\_\_\_\_\_ linear feet pipe

\_\_\_\_\_ cubic feet of RACM off facility components

\_\_\_\_\_ square feet cementitious material

\_\_\_\_\_ square feet resilient flooring

\_\_\_\_\_ square feet asphalt roofing

\*Identify and describe surfacing material and other materials as applicable:

Miami Dade County Department of Regulatory And Economic Resources - Job Copy

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. I have read and understood the additional information provided on the back of this form.

Print Name of Owner/Operator: Pamela Watson

Signature: Pamela Watson Date: 8/30/16 Title: Roof

Signature of Public Official: \_\_\_\_\_ Date: \_\_\_\_\_

786 2901908

(Contact phone #)

RER USE ONLY

Postmark/Date Received

ID #

Permit Records Section

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Florida Building Code 5th Edition (2014)

High-Velocity Hurricane Zone Uniform Permit Application Form.

Section A (General Information)

Master Permit No. \_\_\_\_\_ Process No. \_\_\_\_\_

Contractor's Name Exclusive

Job Address 11795 NW 27 Ave

ROOF CATEGORY

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Low Slope | <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tiles |
| <input type="checkbox"/> Asphaltic Shingles   | <input type="checkbox"/> Metal Panel/Shingles       | <input type="checkbox"/> Wood Shingles/Shakes      |
|   | <input type="checkbox"/> Prescriptive BUR-RAS 150   |  |

ROOF TYPE

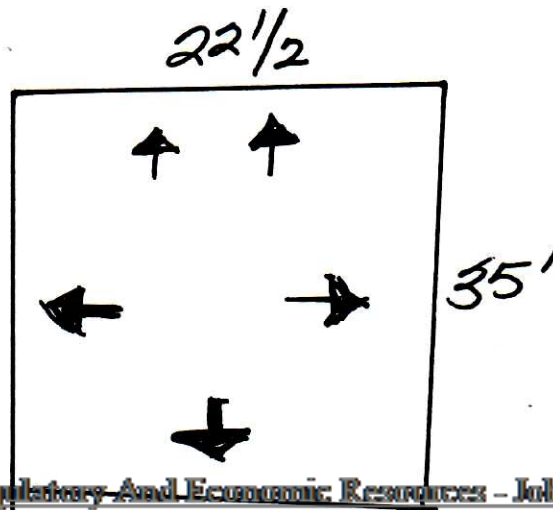
- |                                   |  |   |                                     |
|-----------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> New roof | <input checked="" type="checkbox"/> Repair | <input checked="" type="checkbox"/> Reroofing | <input type="checkbox"/> Recovering |
|-----------------------------------|--|---|-------------------------------------|

Low Slope Roof Area (SF) 800

ROOF SYSTEM INFORMATION  
Steep Sloped Roof AREA (SSF) 0 Total (SF) 800

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.



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Examiner Date Time Stamp Dep Trade Stamp Name

Boris Smeky 9/1/2016 11:31:05 AM A

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Date: 8/31/14



Florida Building Code 5th Edition (2014)  
High Velocity Hurricane Zone Uniform Permit Application Form

Section C (Low Sloped Roof System)

Fill in Specific Roof Assembly Components and Identify Manufacturer

(If a component is not used, identify as "NA")

System Manufacturer:

NOA No.:

Design Wind Pressures, From RAS 128 or Calculations:

Pmax1: Pmax2: Pmax3:

Max. Design Pressure, From the Specific NOA System:

Deck:

Type:

Gauge/Thickness:

Slope:

Anchor/Base Sheet & No. of Ply(s):

Anchor/Base Sheet Fastener/Bonding Material:

Insulation Base Layer:

Base Insulation Size and Thickness:

Base Insulation Fastener/Bonding Material:

Top Insulation Layer:

Top Insulation Size and Thickness:

Top Insulation Fastener/Bonding Material:

Base Sheet(s) & No. of Ply(s):

Base Sheet Fastener/Bonding Material:

Ply Sheet(s) & No. of Ply(s):

Ply Sheet Fastener/Bonding Material:

Top Ply:

Top Ply Fastener/Bonding Material:

Surfacing:

Fastener Spacing for Anchor/Base Sheet Attachment

Field: oc @ Lap, # Rows oc

Perimeter: oc @ Lap, # Rows oc

Corner: oc @ Lap, # Rows oc

Number of Fasteners Per Insulation Board

Field Perimeter Corner

Illustrate Components Noted and Details as Applicable:

Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counter- Flashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufacturers Details that Comply with RAS 111 and Chapter 16.

(1) MSC

3x3 DE.

(2) PLY II

(1) 75

WOOD

FT.

Parapet Height

FT.

Mean Roof Height

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Permit Records Section

Scanned by:

Date:





DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)  
BOARD AND CODE ADMINISTRATION DIVISION

## NOTICE OF ACCEPTANCE (NOA)

GAF

1361 Alps Road  
Wayne, NJ 07470

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION

11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 31525-99

[www.miamidade.gov/economy](http://www.miamidade.gov/economy)

### SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County RER - Product Control Section to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. RER reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code including the High Velocity Hurricane Zone of the Florida Building Code.

**DESCRIPTION:** GAF Conventional Built-Up Roof Systems for Wood Decks.

**LABELING:** Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

**RENEWAL** of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

**TERMINATION** of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

**ADVERTISEMENT:** The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

**INSPECTION:** A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

Miami Dade County Department of Regulatory and Economic Resources - Job Copy

The submitted documentation was reviewed by Jorge L. Acebo.

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NOA: 083116.pdf

Examiner: Date Time Stamp: Dept. Trade Stamp Name:

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ROOF Approved

NOA No.: 13-1022.15  
Expiration Date: 11/04/18  
Approval Date: 11/06/14

Page 1 of 16



Membrane Type: BUR  
Deck Type 1: Wood, Non-insulated  
Deck Description: 19/32" or greater plywood or wood plank decks  
System Type E: Base sheet mechanically fastened.

All General and System Limitations shall apply.

Fire Barrier: FireOut™ Fire Barrier Coating, VersaShield® Fire Resistant Roof Deck Protection or  
(optional) Securock™ Gypsum Fiber Roof Board.

Base sheet: GAFGLAS® #80 Ultima™ Base Sheet, StrataVent® Eliminator™ Nailable Venting Base Sheet, Ruberoid® 20, Ruberoid® SBS Heat-Weld™ Smooth or Ruberoid® SBS Heat-Weld™ 25 base sheet mechanically fastened to deck as described below;

Fastening Options: GAFGLAS® Ply 4, GAFGLAS® FlexPly™ 6, GAFGLAS® #75 Base Sheet or any of above base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field.  
(Maximum Design Pressure -45 psf. See General Limitation #7)

GAFGLAS® Ply 4, GAFGLAS® FlexPly™ 6, GAFGLAS® #75 Base Sheet or any of above base sheets attached to deck with Drill-Tec™ #12 Fastener or Drill-Tec™ #14 and Drill-Tec™ 3" Steel Plate, Drill-Tec™ AccuTrac® Flat Plate or Drill-Tec™ AccuTrac® Recessed Plate 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet.  
(Maximum Design Pressure -45 psf. See General Limitation #7)

GAFGLAS® Flex Ply™ 6, GAFGLAS® #75 Base Sheet or any of above base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field.  
(Maximum Design Pressure -52.5 psf. See General Limitation #7)

GAFGLAS® #80 Ultima™ Base Sheet, Ruberoid® 20, Ruberoid® Mop Smooth, base sheet attached to deck with approved 1 1/4" annular ring shank nails and inverted 3" steel plate at a fastener spacing of 9" o.c. at the 4" lap and in two rows staggered with a fastener spacing of 9" o.c. in the center of the membrane.  
(Maximum Design Pressure -60 psf. See General Limitation #7)

GAFGLAS® #75 Base Sheet or any of above base sheets attached to deck with Drill-Tec™ #12 Fastener or Drill-Tec™ #14 Fastener and Drill-Tec™ 3" Steel Plate, Drill-Tec™ AccuTrac® Flat Plate or Drill-Tec™ AccuTrac® Recessed Plate 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.  
(Maximum Design Pressure -60 psf. See General Limitation #7)

Any of above Base sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec™ plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field.  
(Maximum Design Pressure -60 psf. See General Limitation #7)

Miami Dade County Department of Engineering and Construction

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Examiner Date Time Stamp

Basic Stamp 31:05 AM

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Date: 8/31/16		

NOA No.: 13-1022.15  
Expiration Date: 11/04/18  
Approval Date: 11/06/14  
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**Fastening Options:**  
(Continued)

GAFGLAS® #75 Base Sheet or any of above base sheets attached to deck with Drill-Tec™ #12 Fastener or Drill-Tec™ #14 Fastener and Drill-Tec™ 3" Steel Plate, Drill-Tec™ AccuTrac® Flat Plate or Drill-Tec™ AccuTrac® Recessed Plate 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure -75 psf. See General Limitation #7)

One or more plies of GAFGLAS® Ply 4 or GAFGLAS® #80 Ultima Base Sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

(Optional) One ply of GAFGLAS® Mineral Surfaced Cap Sheet or GAFGLAS® EnergyCap™ BUR Mineral Surfaced Cap Sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Optional on granular surfaced membranes; required for smooth membranes. Chosen components must be applied according to manufacturer's application instructions. All coatings must be listed within a current NOA.

1. Gravel or slag applied at 400 lbs./sq. and 300 lbs./sq. respectively in a flood coat of approved asphalt at 60 lbs./sq.
2. Topcoat® Surface Seal SB applied at 1 to 1.5 gal./sq.

See Fastening Options

Ply Sheet:

Cap Sheet:

Surfacing:

Maximum Design  
Pressure:

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Exam: Suresh M. DEBORA 11/06/14 11:05 AM A ROOF Approved

APPROVED

NOA No.: 13-1022.15  
Expiration Date: 11/04/18  
Approval Date: 11/06/14  
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## WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with GAFGLAS® Ply 4 and GAFGLAS® Flex Ply™ 6 when used as a mechanically fastened base or anchor sheet.
2. Minimum ¼" DensDeck™ Roof Board or ½" Type X gypsum board is acceptable to be installed directly over the wood deck.

## GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer.
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each sidelap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq. **Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.**
5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida Registered Professional Engineer, Registered Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. Calculations prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform to Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**
10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 61G20-3 of the Florida Administrative Code.

Miami-Dade County Department of Regulatory and Economic Resources Building Code and

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NOA: 083116.pdf

Examiner Date Time Stamp

Examined by: 08/31/16 3:05 AM  
APPROVED

Dep. Trade Stamp Name
Permit Records Section
ROOF Approved
Date: 8/31/16

NOA No.: 13-1022.15

Expiration Date: 11/04/18

Approval Date: 11/06/14

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7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. Calculations prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform to Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**
10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 61G20-3 of the Florida Administrative Code.

Miami Dade County Department of Regulatory and Economic Resources Building Code and

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Examiner Date Time Stamp

Examined by: 08/31/16 9:11:44 AM

APPROVED

Dep. Trade Stamp Name

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Date:

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8/31/16

NOA No.: 13-1022.15

Expiration Date: 11/04/18

Approval Date: 11/06/14

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Structural cement fiber building units are considered suitable to be included as a deck in the following Class A, B or C systems listed over C-15/32 or

The use of gypsum board under any of the following Class A, B or C systems does not adversely affect the rating. The use of 1/2-in. minimum thick gypsum board is an acceptable alternate for minimum insulation over C-15/32 thick roof decks.

The use of polystyrene insulation board between minimum 3/4-in. thick perlite board and deck with rosin paper (perlite/rosin paper/polystyrene/perlite) is a suitable alternate for polyisocyanurate board in the following Class A, B or C systems.

"EnergyGuard™ RA" or "Tapered EnergyGuard™ RA" or "EnergyGuard™ Composite RA" may be substituted for any Atlas Roofing Corp. polyisocyanurate insulation in any of the following Classifications.

Trumbull "Perma Mop" may be utilized with any of the following "Asphalt Felt Systems with Hot Roofing Asphalt".

"GAFLAS® #80 Premium Base Sheet" may be used in any of the following systems.

"GAFLAS® Flex Ply 6" and "Tri-Ply® Ultra-Flexible Ply 6" are suitable alternates to "GAFLAS® Ply 6".

"GAFTMP Permalite Recover Board" may be used in lieu of any perlite insulation in any of the following NC Classifications.

Unless otherwise indicated, any of the "Asphalt Felt Systems with Hot Roofing Asphalt" may be surfaced with "TOPCOAT® Fireshield MB" at 2 1/2 to 3-gal/100-ft<sup>2</sup>.

"Ruberoid® Dual Smooth" may be used as an alternate to "Ruberoid® Mop Smooth" or "Ruberoid® 20" or "Ruberoid® 20 HT".

"Ruberoid® Mop Smooth 1.5" may be used as an alternate to "Ruberoid® Mop Smooth".

#### Class A, B and C

Hot roofing asphalt, for use with organic and glass felts or modified bitumen membranes.

"Ruberoid® Heat Weld" SBS roofing membrane may be used in lieu of "Ruberoid® Mop" SBS products in any applicable Classification.

#### Class A

##### 1. Deck: C-15/32

Incline: 3

**Insulation (Optional):** — One or more layers perlite or wood fiber or glass fiber or polyisocyanurate or urethane or perlite/polyisocyanurate composite or perlite/urethane composite or wood fiber/polyisocyanurate composite or phenolic, any thickness.  
**Ply Sheet:** — Three or more plies Type G1 or "GAFLAS® Ply 4" or "Tri-Ply® Ply 4" or "GAFLAS® Ply 6".  
**Surfacing:** — Gravel.

##### 2. Deck: C-15/32

Incline: 2

**Insulation (Optional):** — One or more layers perlite or wood fiber or glass fiber or polyisocyanurate or urethane or perlite/polyisocyanurate composite or perlite/urethane composite or wood fiber/polyisocyanurate composite or phenolic, any thickness.  
**Ply Sheet:** — Three or more plies Type G1 or "GAFLAS® Ply 4", "Tri-Ply® Ply 4" or "GAFLAS® Ply 6".  
**Cap Sheet:** — One ply Type G3 "GAFLAS® Mineral Surfaced Cap Sheet" or "Tri-Ply® Mineral Surfaced Cap Sheet" or "GAFLAS® EnergyCap™ BUR Mineral Surfaced Cap Sheet".

##### 3. Deck: NC

Incline: 2

**Insulation (Optional):** — One or more layers perlite, wood fiber, glass fiber, polyisocyanurate, urethane, perlite/polyisocyanurate composite, perlite/urethane composite, wood fiber/polyisocyanurate composite, phenolic, 2-in. maximum.  
**Ply Sheet:** — Two or more plies Type G1 "GAFLAS® Ply 4", "Tri-Ply® Ply 4" or "GAFLAS® Ply 6".  
**Cap Sheet:** — One ply Type G3 "GAFLAS® Mineral Surfaced Cap Sheet" or "Tri-Ply® Mineral Surfaced Cap Sheet" or "GAFLAS® EnergyCap™ BUR Mineral Surfaced Cap Sheet".

##### 4. Deck: C-15/32

Incline: 1

**Insulation (Optional):** — Any thickness perlite or wood fiber or glass fiber or polyisocyanurate mechanically fastened or adhered with OMG.  
**Base Sheet:** — One ply Type G2 "GAFLAS® #75 Base Sheet" or "Tri-Ply® #75 Base Sheet" (may be nailed).  
**Ply Sheet:** — One or more plies Type G1 "GAFLAS® Ply 4" or "Tri-Ply® Ply 4" or "GAFLAS® Ply 6".  
**Cap Sheet:** — One ply Type G3 "GAFLAS® Mineral Surfaced Cap Sheet" or "Tri-Ply® Mineral Surfaced Cap Sheet" or "GAFLAS® EnergyCap™ BUR Mineral Surfaced Cap Sheet".  
**Surfacing:** — "EnergyCap™ BUR Mineral Surfaced Cap Sheet" or "Tri-Ply® Mineral Surfaced Cap Sheet" or "GAFLAS® EnergyCap™ BUR Mineral Surfaced Cap Sheet" applied at a rate of 2-gal/100-ft<sup>2</sup>.

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— MIAMI-DADE COUNTY —  
REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

It is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this form. The owner's initials in the designated space indicates that the item has been explained.

**1. Aesthetics-workmanship:** The workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance) are not a consideration with respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

**2. Renailing wood decks:** When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system).

**3. Common roofs:** Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.

**4. Exposed ceilings:** Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance; therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The owner provides the option of maintaining this appearance.

**5. Ponding water:** The current roof system and/or deck of the building may not drain well and may cause water to pond (accumulate) in low-lying areas of the roof. Ponding can be an indication of structural distress and may require the review of a professional structural engineer. Ponding may shorten the life expectancy and performance of the new roofing system. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.

**6. Overflow scuppers (wall outlets):** It is required that rainwater flow off so that the roof is not overloaded from a build up of water. Perimeter/edge walls or other roof extensions may block this discharge if overflow scuppers (wall outlets) are not provided. It may be necessary to install overflow scuppers in accordance with the requirements of: Chapter 15 and 16 herein and the **Florida Building Code, Plumbing**.

**7. Ventilation:** Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced.

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Owner's/Agent's Signature: Jamela Walter

Date: 8 / 30 / 16

NOAs 083116.pdf

Contractor's Signature: [Signature]

Permit Number:                     

Property Address: 11795 NW 27th St

Examined Date Time Stamp 9/1/2016 11:31:05 AM Stamp Name ROOF Approved

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Date: 8/31/16



# NOTE: ALL SHEETS MUST BE REVIEWED

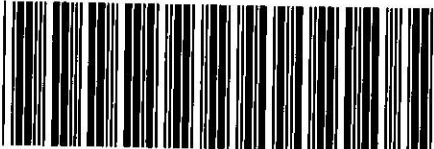
## DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center  
11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2000

### PERMIT APPLICATION

C2016176655

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LOCATION OF IMPROVEMENTS		IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE	
Job Address	11795 NW 27th Ave	Contractor No.	CCC1330992
Folio	30 2134 001 0070	Last four (4) digits of Qualifier No.	500078
Lot	1	Contractor Name	EXCLUSIVE ROOFING
Block	75	Qualifier Name	Roderick Spencer
Subdivision	5014 Park	Address	1811 SW 91 Ave
PBpg	23-46	City	Miami
Metes and bounds		State	FL
		Zip	33195
TYPE OF IMPROVEMENTS		CONTRACTOR INFORMATION	
<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Short Term Event <input type="checkbox"/> New Roof <input type="checkbox"/> Recovery (Roof) <input type="checkbox"/> Permit by Affidavit		Current use of property <u>STORE</u> Description of Work <u>RE ROOF</u> Sq. Ft. <u>800</u> Units <u>1</u> Floors <u>1</u> Value of Work <u>4500</u>	
<input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only		OWNER'S NAME	
PERMIT TYPE		OWNER'S NAME	
<input checked="" type="checkbox"/> Building* <u>92</u> <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> LPGX		Owner <u>Pamela Watson</u> Address <u>11795 NW 27th Ave</u> City <u>Miami</u> State <u>FL</u> Zip <u>33167</u> Phone _____ Last four (4) digits of Owner's Social Security No. _____	
CHANGE TO AN EXISTING PERMIT		ARCHITECT	
<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Extension <input type="checkbox"/> Supplement <input type="checkbox"/> Reinspection		 0001119253	
PERSON TO PICK UP PLANS		MORTGAGE LENDER	
Name <u>Spedding by Tange</u> Address _____ City _____ State _____ Zip _____ Phone <u>786 290 1908</u>		Address _____ City _____ State _____ Zip _____ Phone _____	
BONDING			
Name _____ Address _____ City _____ State _____ Zip _____ Phone _____			

\*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, WINDOW, SHUTTERS and ROOFING WORK and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY IF YOU INTEND TO OBTAIN FINANCING. CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT

"The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way authorizes work that is in violation of any association rule or regulation.

Signature of Owner or Owner's Agent Pamela Watson  
PRINT NAME Pamela Watson

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 30

day of Aug, 2016

by [Signature]  
Signature of Notary Public

Print Name [Signature]  
(SEAL)

Personally known  
or Produced Identification

Signature of Qualifier [Signature]  
PRINT NAME Roderick Spencer

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 30

day of Aug, 2016

by [Signature]  
Signature of Notary Public

Print Name [Signature]  
(SEAL)

Personally known  
or Produced Identification

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Notary Public State of Florida  
My Commission Expires 10/12/2016  
EE 842290





Regulatory and Economic Resources  
Herbert S. Saffir Permitting and Inspection Center  
11805 S.W. 26th Street  
Miami, FL 33175-2474  
786-315-2100  
miamidade.gov/permits

## CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) Tanya Last Name: (PRINT CLEARLY) Bowles

Cellular Number: 7862997714 Office/Home Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Comments:

Rework

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans \_\_\_\_\_

## PLEASE INDICATE IF PLANS ARE

- ☐ GOV'T PROJECT/ DEPT \_\_\_\_\_ ☐ GREEN BLDG (NEW CONSTRUCTION ONLY)\* ☐ PACE PROJECT\*  
☐ AFFORDABLE/ WORKFORCE HOUSING\* ☐ ECONOMIC SIGNIFICANCE\*

(\*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

## REQUESTED REVIEWS

- ☒ ALL ☐ BLDG ☐ DERM ☐ ELEC ☐ ENRG ☐ FIRE  
☐ HCAP ☐ LANDSCAPING ☐ MECH ☐ PLUM ☐ PWKS ☐ PWCC  
☒ ROOF ☐ SIGN ☐ STRU ☐ ZNPR ☐ WASD ☐ PWIF  
☐ PERMIT BY AFFIDAVIT CHECK ☐ SHORT TERM EVENT AFFIDAVIT CHECK ☐ OPTIONAL PLAN REVIEW  
☐ BLDG ☐ ELEC ☐ MECH ☐ PLUM ☐ STRU

## -FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 8/1/16 Clerk Name: Quicela Arrival Time: 11:17

Process No(s): C2016176655

**Miami Dade County Department of Regulatory And Economic Resources - Job Copy**

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☐ Re-issue  
☐ Rework

☐ Plan Revision

☐ Shop

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C2016176655

**Miami-Dade County HVHZ Electronic Roof Permit Form  
Commercial Reroofing Statement for Existing Buildings**

Contractor Name: XCLUSIVE ROOFING

Process Number: C2016176655

Job Address: 11795 NW 27 AVE

The following applicable statements, for low slope roof systems only, are required to be completed when applying for commercial reroofing permit applications.

Is there insulation in the existing roof system? Yes ☐ No ☒

If yes, then I attest that the insulation to be installed in the proposed roofing system shall have the same thickness and R-Value as the existing insulation. *Note: Structures built after March 15, 1979 must comply with the Florida Energy Code.*

☐ Architect ☐ P.E. ☒ Roofing Contractor License Number: CCC1330992

Signature:  (required)

☒ **No Change**

I attest that the proposed roofing system is an exact replacement of the existing roofing system. I also attest that existing overflow drains and/or scuppers are sized so that no more than 5" of water will accumulate on any portion of this roof, should the primary drainage system be blocked. 1616.3 FBC

☐ Architect ☐ P.E. ☒ Roofing Contractor License Number: CCC1330992

Signature:  (required)

☐ **Change to the roofing system**

Roofing permit applications in other than Group R-3 occupancy, involving a change in the roofing system and recovery applications must include signed and sealed calculations for the supporting structure, and a statement as follows.

*"I have reviewed the structural and drainage adequacy of the existing roof structure with regard to the proposed roofing system and hereby approve the installation as proposed."*

☐ Architect ☐ P.E. License Number: 

Signature:  (required)

**Examined Date Time Stamp** **Dep. Trade Stamp Name**

**Examined** **9/1/2016 11:30:57 AM A**

**ROOF Approved**

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Date